

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 558 438

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1						51						
2							52						
3							53						
4							54						
5		Q					55						
6							56						
7							57						
8		4					58						
9		4					59						
10		5					60						
11		5					61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19		1					69						
20							70						
21		Q					71						
22		Q					72						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3												
TOTAL DEF.	44												
TOTAL CLAIMS	47												